MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

08939

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay View X — LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bay View. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) LAWSON (Last) ARMOUR.
4. DATE OF DEATH (Month) 9 (Day) 21 (Year) 1953

5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-15-1886
9. AGE last birthday 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bridge Carpenter
10b. KIND OF BUSINESS OR INDUSTRY R.R. Carpenter
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William H. Armour
14. MOTHER'S MAIDEN NAME Sarah Jane Dawson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY No. 717-07-5271
17. INFORMANT AND ADDRESS Mrs. James Armour, North East Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD. (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 9-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 24-1953
NAME OF CEMETERY OR CREMATORY Ebenezer
LOCATION (City, town, or county) (State) North East R.D. Cecil Md

DATE REC'D BY LOCAL REG. 9/24/53
REGISTRAR'S SIGNATURE Sarah E Rothermel
24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 28 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08340

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
STREET ADDRESS (If rural give location) 110 Bridge St.

3. NAME OF DECEASED: (Type or Print) (First) Addie (Middle) Jane (Last) Atkinson

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Sept. 5 1879 | 9. AGE last birthday: 74 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Pierce

14. MOTHER'S MAIDEN NAME: Georgia Ann Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Thomas Carr Elkton, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) coronary thrombosis — Interval Between Onset And Death: 1½ hour

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis of coronary arteries — 2 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stenosis of cardioesophageal opening. — 5 yrs

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21, 1953, to Sept 18, 1953, that I last saw the deceased alive on Sept 18, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wallace Johnson M.D. | ADDRESS Newark Dela. | DATE SIGNED 9/18/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/20/53 | NAME OF CEMETERY OR CREMATORY Cherry Hill Methodist Cem | LOCATION (City, town, or county) (State) Cherry Hill Md

DATE REC'D BY LOCAL REGISTRAR Sept 19 | REGISTRAR'S SIGNATURE J R Frazer | 24. FUNERAL DIRECTOR H. Walter du Bois Jr. | ADDRESS Elkton, Md

VS. A15

RECEIVED
SEP 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08941

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PERRY POINT X
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 18

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ABERDEEN X 12X-2
STREET ADDRESS (If rural give location) c/o Kalmbacher Trailer Camp

3. NAME OF DECEASED: (Type or Print) (First) LESTER (Middle) J. W. (Last) BARRETT
4. DATE OF DEATH: (Month) September (Day) 4, (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 17, 1901
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Cab Dispatcher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Georgia 09
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Barrett
14. MOTHER'S MAIDEN NAME: Sarah Holman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X

Immediate cause (a) PULMONARY HEMORRHAGE — Interval Between Onset And Death: 12 hrs.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) BRONCHOGENIC CARCINOMA — 6 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Sept. 2, 1953, to Sept. 4, 1953, ~~[illegible]~~ ~~[illegible]~~, ~~[illegible]~~ and that death occurred at 5:17 PM, from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) MANAGER, Veterans Administration Hospital, ADDRESS Perry Point, Maryland DATE SIGNED 9-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF
NAME OF CEMETERY OR CREMATORY BAKER'S CEMETERY,
LOCATION (City, town, or county) (State) Aberdeen, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 5, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Reg.
24. FUNERAL DIRECTOR Henry Tarring and Sons ADDRESS HENRY TARRING & SON, Aberdeen, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08942

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

1. PLACE OF DEATH:
COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton, 34
LENGTH OF STAY (in this place) 2wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City, X Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) STANLEY HEVERIN BENSON

4. DATE OF DEATH: (Month) (Day) (Year) Sept 10 1953

5. SEX: M.
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: Feb 26, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tug Boat Capt.
10b. KIND OF BUSINESS OR INDUSTRY: Marine Trade
11. BIRTHPLACE (State or foreign country): Chesapeake City.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Benson
14. MOTHER'S MAIDEN NAME: Susan Buchanan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Cecilia Benson Chesapeake City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 334X

Immediate cause (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 3 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24, 1953, to Sept 10, 1953, that I last saw the deceased alive on Sept 9, 1953, and that death occurred at 6:10 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Henry Dorn MD. ADDRESS Chesapeake City Md DATE SIGNED 9/12/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial.
DATE THEREOF Sept 13, 1953
NAME OF CEMETERY OR CREMATORY Bethel Tuor
LOCATION (City, town, or county) Chesapeake City (State) Md

DATE REC'D BY LOCAL REG. Sept 13
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

VS. A15 8-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
SEP 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08943

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

COUNTY CECIL MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON 34

LENGTH OF STAY (in this place) 3 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY CECIL

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON 34

STREET ADDRESS (If rural, give location) RURAL

3. NAME OF DECEASED: (Type or Print) (First) MAUDE (Middle) A (Last) BILES

4. DATE OF DEATH: (Month) Sept (Day) 27 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 7-21-1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Edward Feldmeyer

14. MOTHER'S MAIDEN NAME: Jane Parkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: George E Biles Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 24, 1953, to Sept 27, 1953, that I last saw the deceased alive on Sept 27, 1953, and that death occurred at 9 20 p m., from the causes and on the date stated above.

SIGNATURE S. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 9/27/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Oct 1 1953

NAME OF CEMETERY OR CREMATORY Sp Annis

LOCATION (City, town, or county) Annapolis (State) Md

DATE REC'D BY LOCAL REG. Sept 28

REGISTRAR'S SIGNATURE F K Frazer

24. FUNERAL DIRECTOR Joseph R Grant North East Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
SEP 29 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AR-7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (In this place) 43 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Newark Del R.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Newark Del R.D.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C. (Last) Blackson

4. DATE OF DEATH: (Month) Sept (Day) 20 (Year) 1953

5. SEX: F

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 8 1887

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Huggins McClary

14. MOTHER'S MAIDEN NAME: Wilmina Manner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: John C. Cunwell Newark Del

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	1 hour
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis of coronary artery	2 yrs.
	(c) Myocarditis	2 yrs.

42; 1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1952, to Sept 20, 1953, that I last saw the deceased alive on Sept 20, 1953, and that death occurred at 7.40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace M Johnson MD — ADDRESS: Newark Del — DATE SIGNED: 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Sept 24 — NAME OF CEMETERY OR CREMATORY: Head of Christiana — LOCATION (City, town, or county) (State): Newark Del R.D.

DATE REC'D BY LOCAL REG.: Sept 22 — REGISTRAR'S SIGNATURE: F. T. Frazer

24. FUNERAL DIRECTOR — ADDRESS: R. J. Jones Newark Del

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 7[illegible]

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton LENGTH OF STAY (In this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 371 Shipside

3. NAME OF DECEASED (Type or Print) (First) MARTHA (Middle) (Last) BOLLENBACH
4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1953

5. SEX F.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED Widow
8. DATE OF BIRTH 9-21-1910
9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilmington Del.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel T Walker
14. MOTHER'S MAIDEN NAME Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Sarah Ely Bollenbach, Bainbridge Md. U.S.A.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

824X Immediate cause (a) Fractured skull, Lower Jaw

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rt. lower Arm. Numerous

(c) abrasions.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40
(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 12 (Year) 53 (Hour) 8 45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car skidded & threw her out.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE R C Dodson (Degree or title) MD DM E
ADDRESS Rising Sun Md.
DATE SIGNED 9-13-53

MATERIAL, CREMATION, MOVAL, Specify Removal
DATE THEREOF Sept 14/53
NAME OF CEMETERY OR CREMATORY F. Wilm. Del.
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept. 14-53
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin & Son
ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This correct and is especially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
SEP 15 1 73
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 12

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton
LENGTH OF STAY (in this place) 2 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilmington
STREET ADDRESS (If rural, give location) 3.71 Shipside

3. NAME OF DECEASED (Type or Print) (First) Otto (Middle) Adolph (Last) Bollenbach
4. DATE OF DEATH (Month) 9 (Day) 13 (Year) 1953

5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-30-1905
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Oil Burner Serviceman
10b. KIND OF BUSINESS OR INDUSTRY Oil Burner
11. BIRTHPLACE (State or foreign country) Holyoke - Mass.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no information
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sarah Eliz Bollenbach, USN. Bainbridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured Rt Clavicle & nose

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture Base skull Subdural. (c) Hemorrhage Lacerated scalp & many abrasions

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY Route 40
(CITY OR TOWN) Elkton (COUNTY) Cecil (STATE) Ma
TIME OF INJURY (Month) 9 (Day) 12 (Year) 53 (Hour) 1025 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car skidded & threw them out

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes , accident X suicide , homicide , undetermined .

SIGNATURE R le Dodson (Degree or title) MD DM E ADDRESS Rising Sun Md. DATE SIGNED 9-13-53.

BURIAL, CREMATION, REMOVAL (Specify) Removal. DATE THEREOF Sept 14/53 NAME OF CEMETERY OR CREMATORY to Wilm Del. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Sept 14 REGISTRAR'S SIGNATURE F R Frazier 24. FUNERAL DIRECTOR H W Lippin & Son ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is specially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
SEP 15 1983
BUREAU V

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

V 35-3

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL, OR TOWN and give nearest town): ELICTON
LENGTH OF STAY (in this place): 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: PA. COUNTY: CHESTER
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENNETT SQUARE
STREET ADDRESS (If rural, give location): 109 W. STATE ST.

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) HUGHES (Last) BURTON
4. DATE OF DEATH: (Month) SEPT. (Day) 1 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: JUNE 15, 1896
9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: AMOS BURTON
14. MOTHER'S MAIDEN NAME: EVA VALENTINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: MRS. Catherine Burton — Kennett Sq. Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1953, to Sept. 1, 1953, that I last saw the deceased alive on Sept. 1, 1953, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) M.D. ADDRESS: Elkton Md. DATE SIGNED: 9/1/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 9-5-53
NAME OF CEMETERY OR CREMATORY: Longwood Cemetery
LOCATION (City, town, or county) (State): Longwood Chester Co. Pa.

DATE REC'D BY LOCAL REG.: Sept 3
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: J. Earl Tyson, Rising Sun, Md. ADDRESS

IVED

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BUREAU V. S.

Item 18 Film 3158 10-14-53 ans

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
LENGTH OF STAY (in this place) 26 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital 22

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton 34
STREET ADDRESS (If rural, give location) R.F.D. #3

3. NAME OF DECEASED: (Type or Print) (First) WANDA (Middle) (Last) CLEMONS

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: July 22, 1952
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Cecil Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur C. Clemons
14. MOTHER'S MAIDEN NAME: Jane Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Arthur C. Clemons Elkton Md. R.F.D. #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7955

Immediate cause (a) Cause of Death
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) undetermined
DUE TO
(c) - No further report at this time.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Sept., 1953, to 20 Sept 1953, that I last saw the deceased alive on 20 Sept., 1953, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE Clifton R. Brooks, (DEGREE OR TITLE) M.D. ADDRESS Newark Del. DATE SIGNED 21 Sept 53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 9/21/53 NAME OF CEMETERY OR CREMATORY Herley LOCATION (City, town, or county) Virginia (State)

DATE REC'D BY LOCAL REG. Sept 21 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H. N. Pippin & Son ADDRESS Elkton, Md D.G.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-15-8-51

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SEP 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun, Rural X | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural, give location) West Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bruce	Elbert	Davis	Sept	1st	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Write)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	Married	9-13-1908	44 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	Chrysler Corp.	Galax, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clate Davis	Julie Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	236-03-3217	Mrs. Bruce Davis, Rising Sun, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Acute Coronary

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Extreme Heat.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.L. Dodson	M.D.	Rising Sun, Md.	9-2-53

DISPOSITION (Burial, Cremation, Removal, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	9-4-52	Baptist Cem.	Conowingo	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 3-53	L.M. Worthington	L. E. Gibson	Rising Sun.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully and especially important. Physicians: please write the causes of death clearly and legibly.

The correct ...

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 226 West Main St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural, give location) Blythedale.

3. NAME OF DECEASED: (First) ISABELLA (Middle) (Last) DAVIS

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-12-1866

9. AGE last birthday: 87 66 yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. Fletcher Way

14. MOTHER'S MAIDEN NAME. Lucal Shanks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)

17. INFORMANT & ADDRESS: Mrs Eden Creswell, Perryville Md. R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 442 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Cardio vascular renal — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1953 to 9/21 1953, that I last saw the deceased alive on 9/20 1953, and that death occurred at 1:15 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Elkton Md DATE SIGNED 9/21/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 9-23-1953
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) (State) Perryville, Md. Rural
DATE REC'D BY LOCAL REG. Sept 24
REGISTRAR'S SIGNATURE F K Frazer
24. FUNERAL DIRECTOR Vera Patterson & Son
ADDRESS Perryville, Md.

VS. IA15 8

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Item 9, Film G158 10/2/53 fcy

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton LENGTH OF STAY (In this place) Adult
HOSPITAL OR INSTITUTION OR STREET ADDRESS 385 W Main X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 385 W. Main

3. NAME OF DECEASED (Type or Print) (First) LUKE (Middle) (Last) DAVIS
4. DATE OF DEATH (Month) 9 (Day) 27 (Year) 1953
5. SEX M. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 8. DATE OF BIRTH 10-19-1929 9. AGE last birthday 234 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Carpenter Helper 10b. KIND OF BUSINESS OR INDUSTRY House Bldg. 11. BIRTHPLACE (State or foreign country) Newark. Del. 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harry Hamilton Davis 14. MOTHER'S MAIDEN NAME Clarita Bednell.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 16. SOCIAL SECURITY NO. 214-24-3971 17. INFORMANT AND ADDRESS Harry H Davis 385 W Main St Elkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X, accident , suicide , homicide , undetermined .

SIGNATURE R C Dodson MD DME (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 9-27-53

FINAL CLIMATION INTERVAL (Specify) Burial DATE THEREOF Sept 30 1953 NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem. Ch. LOCATION (City, town, or county) M. Elkton (State) Md.

DATE REC'D BY LOCAL REG Sept 28 REGISTRAR'S SIGNATURE F K Teazer 24. FUNERAL DIRECTOR H. W. Pippin + Son ADDRESS Elkton, Md.

DP.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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BUREAU V. S.

Item 7 Film #158 9/24/53 mnt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS 47 Hillsgrowth Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 47 Hillsgrowth St

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) ELFrieda (Last) Donaldson
4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): seperated
8. DATE OF BIRTH: June 12 1890
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): East Orange, N.J.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Buttner
14. MOTHER'S MAIDEN NAME: Elizabeth Keating
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 275-07-2127
17. INFORMANT AND ADDRESS: Margaret Jarvis Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 15 minutes

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio vascular renal

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 19 53, to Sept 18, 19 53, that I last saw the deceased alive on 9/18, 19 53, and that death occurred at 8:15 A. m., from the causes and on the date stated above.

SIGNATURE: J. Herbert Bates (Degree or title) M.D. ADDRESS: Elkton Md DATE SIGNED: 9/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Sept. 21/53
NAME OF CEMETERY OR CREMATORY: Trenton
LOCATION (City, town, or county) (State): Rumford, Md.

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE:
24. FUNERAL DIRECTOR: A.W. Tipton & Son ADDRESS: Elkton, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8

1. PLACE OF DEATH:
COUNTY: CECIL — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
LENGTH OF STAY (in this place): 39 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NORTH EAST
STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ALBERT (Last) FERGUSON

4. DATE OF DEATH: (Month) SEPT (Day) 21 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: OCT 29 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: OWNER Machine SHOP

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES W. FERGUSON

14. MOTHER'S MAIDEN NAME: MARY REBECCA EDMUNDSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 214-34-3054

17. INFORMANT & ADDRESS: Mrs Mary E. Ferguson North East md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Pulmonary Edema	18 Hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Coronary Occlusion	18 Hrs.
	(c) DUE TO Hypertensive Cardiovascular Renal Disease	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:** —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 21 Sept., 1953, that I last saw the deceased alive on 21 Sept., 1953, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Hans H. Hunter M.D. — ADDRESS North East Md — DATE SIGNED 21 Sept '53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** Sept 23, 1953 — **NAME OF CEMETERY OR CREMATORY** Methodist — **LOCATION** (City, town, or county) North East Cecil (State) Md

DATE REC'D BY LOCAL REG. Sept 23-53 — **REGISTRAR'S SIGNATURE** Sarah E. Rothermel — **24. FUNERAL DIRECTOR** Joseph A Sloan North East Cecil Co Md — ADDRESS

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age, especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 2 hours.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ELMA (Middle) V (Last) FOX
4. DATE OF DEATH: (Month) 9 (Day) 3 (Year) 1953
5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow | 8. DATE OF BIRTH: 8-18-1887 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Jeanette Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Freed.
14. MOTHER'S MAIDEN NAME: Mary Ellen Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Elsie Mench, Elkton Rd 4 Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shock: Compound fracture

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) of left femur: Comp Fract

(c) of left elbow: Injured L Shoulder.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING — PLACE (Home, farm, factory, street, office building, etc.) OF INJURY: Road. — (CITY OR TOWN) Conventown — (COUNTY) Cecil — (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 9 3 1953 8:30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Ran on road but Car.

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title): R. L. Dodson MD DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 9-3-53

BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: Sept 7-53 — NAME OF CEMETERY OR CREMATORY: Head of Christiana — LOCATION (City, town, or county) (State): Newark, Del

DATE REC'D BY LOCAL REG.: Sept 5 — REGISTRAR'S SIGNATURE: F H Frazer — 24. FUNERAL DIRECTOR: R. S. Jones — ADDRESS: Newark, Del

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SEP 9 1953
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Item 7 Film G158 9/29/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY ✓
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Joy.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Davis (Last) Gebhart
4. DATE OF DEATH (Month) 9 (Day) 18 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH March 19-1929
9. AGE last birthday 24 yrs. If under 1 year Months 5 Days 29 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Chauffeur
10b. KIND OF BUSINESS OR INDUSTRY Standard new cars.
11. BIRTHPLACE (State or foreign country) Penn
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME Grant Gebhart
14. MOTHER'S MAIDEN NAME Ethel Buckle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Ira Bricker Elizabeth Town Pa. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

816X Immediate cause (a) 4th Degree burn of entire body.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull.
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 (CITY OR TOWN) North East Rural (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 9 (Day) 18 (Year) 53 (Hour) 2:55 a.m.
INJURY OCCURRED While at work X Not while at work ☐
HOW DID INJURY OCCUR? Ran into tractor tractor truck

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R C Dodson MD (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 9-18-53

MODE OF CREMATION (Specify) Burial
DATE THEREOF Sept 21 1953
NAME OF CEMETERY OR CREMATORY Lent Green rec Cem.
LOCATION (City, town, or county) Lancaster County (State) Pa.

DATE REC'D BY LOCAL REG. Sept 21-53
REGISTRAR'S SIGNATURE Sarah E. Rothermel
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Ceril — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural — LENGTH OF STAY (In this place) X 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. — COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster R D 7.
STREET ADDRESS (If rural, give location) Vesc.

3. NAME OF DECEASED (Type or Print) (First) WILDER (Middle) B (Last) HENRY
4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 4-1926
9. AGE last birthday 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Steel
11. BIRTHPLACE (State or foreign country) Pa.
12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME Lester M Henry.
14. MOTHER'S MAIDEN NAME Elizabeth Byers.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 163-22-2220
17. INFORMANT AND ADDRESS Margaret Henry, Lancaster 7 Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

850X
Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH X
PLACE OF INJURY (Home, farm, factory, street, office, bldg., etc.) River — (CITY OR TOWN) Earlville Rural — (COUNTY) Ceril — (STATE) Md
TIME OF INJURY (Month) 9 (Day) 5 (Year) 53 (Hour) 2 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat sank in Bloomsia River

22. I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident X, suicide ___, homicide ___, undetermined ___.

SIGNATURE R C Dockson MD — (Degree or title) DmE — ADDRESS Rising Sun Md — DATE SIGNED 9-5-53

23. CREMATION MOVAL (Specify) Burial — DATE THEREOF Sept 8, 1953 — NAME OF CEMETERY OR CREMATORY Strasburg Cem. — LOCATION (City, town, or county) Strasburg — (State) Pa.

DATE REC'D BY LOCAL REG 9/5/53 — REGISTRAR'S SIGNATURE Mrs Harold W Chaney — 24. FUNERAL DIRECTOR Edward Fellows — ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

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SEP
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
LENGTH OF STAY (in this place) X 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E. H (Last) JANEY
4. DATE OF DEATH (Month) 9 (Day) 19 (Year) 1953

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 8-13-1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired H. W.
10b. KIND OF BUSINESS OR INDUSTRY Housework
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert C Harrington
14. MOTHER'S MAIDEN NAME Sarah Hoopes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs J W Lupfer, Chesapeake City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio vasular Renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1953, to 9-18, 1953, that I last saw the deceased alive on 9-18, 1953, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE R C Dodson MD (Degree or title) ADDRESS Rising Sun Md. DATE SIGNED 9/21-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 22 1953
NAME OF CEMETERY OR CREMATORY West Pittsburgh in Prusby
LOCATION (City, town, or county) (State) Rising Sun R D Cecil Co Md

DATE REC'D BY LOCAL REG. 9/23-1953
REGISTRAR'S SIGNATURE Mrs Ralph H. Bell
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STILL POND
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) JEWELL

4. DATE OF DEATH: (Month) (Day) (Year) SEPT. 30, 1953

5. SEX: MALE **6. COLOR OR RACE:** WHITE **7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~,** (Specify): MARRIED

8. DATE OF BIRTH: Jan 27, 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: MACHINEST

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Jewell

14. MOTHER'S MAIDEN NAME: Sallie Jervis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MARY JEWELL STILL POND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 163X

Immediate cause (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 10 months

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11, 1953, to Sept. 30, 1953, that I last saw the deceased alive on Sept. 29, 1953, and that death occurred at 5 30 A m., from the causes and on the date stated above.

SIGNATURE J. Ralph Andrews Jr. (DEGREE OR TITLE) M.D. ADDRESS Elkton Md. DATE SIGNED 9/30/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): BURIAL DATE THEREOF OCT. 3, 1953 NAME OF CEMETERY OR CREMATORY STILL POND CEMETERY LOCATION (City, town, or county) STILL POND (State) MD.

DATE REC'D BY LOCAL REG. Sept 30 REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR B. R. Fellows ADDRESS Still Pond, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit, Rural
LENGTH OF STAY (in this place) X 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cokesbury X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit, Rural X
STREET ADDRESS (If rural give location) Cokesbury

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ramsey (Last) May

4. DATE OF DEATH: (Month) Sept. (Day) 28 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 3-4- 1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Mail Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U S-P O
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John May
14. MOTHER'S MAIDEN NAME: Trezolenia Cornish

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1st World
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mary R. Jones, Port Deposit, Md R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Pulmonary Pneumonia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart disease
DUE TO
(c) La Grippe c̄ Pharyngitis.

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1953, to 9/28, 1953, that I last saw the deceased alive on 9/26, 1953, and that death occurred at 2:00 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) George T. Stansbury, M.D. ADDRESS Havre de Grace, Maryland DATE SIGNED 9/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10-3-1953
NAME OF CEMETERY OR CREMATORY Jones Memorial
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural
DATE REC'D BY LOCAL REGISTRAR Sept. 30, 1953
REGISTRAR'S SIGNATURE Ida M. Dougherty actg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
5 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, X
LENGTH OF STAY (in this place) 5yrs2mos22days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL 18

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ~~BALTIMORE~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3008 OAKFORD AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) MERRICK
4. DATE OF DEATH (Month) September (Day) 6th (Year) 1953

5. SEX: ~~Male~~
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: February 18,1874
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SAW
16. SOCIAL SECURITY NO.: Unkown
17. INFORMANT & ADDRESS: Hospital Records, VA Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 578X (a) Gastro-Intestinal Hemorrhage — Interval Between Onset And Death: 12 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, cerebral, renal, aortic. years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 15, 1948, to Sept. 6th, 1953, and that death occurred at 5:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) LASLO KAJDI, M.D., Officer of the Day, VAH., ADDRESS Perry Point, Maryland DATE SIGNED 9-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
DATE THEREOF 9-8-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 9, 1953
REGISTRAR'S SIGNATURE Ida M. Daugherty actg Regv.
24. FUNERAL DIRECTOR PENNINGTON & SON, ADDRESS Havre De Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A46

RECEIVED
SEP 10
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Perry Point X
LENGTH OF STAY (in this place) 1 mo. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 6515 Broad Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) PITT (Last) MIZELL

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-4-1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Tennessee

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Mizell - Deceased

14. MOTHER'S MAIDEN NAME: Annie Edwards - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 466-07-7226

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism, bilateral — Interval Between Onset And Death: Unk.

DUE TO

Antecedent causes (b) Pulmonary Infarction — Unk.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic [illegible] and vascular disease — Unk.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-23, 1953, to 9-2, 1953, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Manager V.A. Hospital, Perry Point, Md. 9-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 9-2-53

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Sept 2, 1953

REGISTRAR'S SIGNATURE Ida M Daugherty Actg Reg.

24. FUNERAL DIRECTOR W.W. Chambers Co N. D. Hobson

ADDRESS W.W. CHAMBERS, 3072 M. Street, N.W. Wash.D.C

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BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Cecil — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point X
   LENGTH OF STAY (in this place): 1 mo. 16 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Virginia — COUNTY: 43
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Herndon
   STREET ADDRESS (If rural give location): Route #1

3. NAME OF DECEASED (Type or Print): (First) RALPH (Middle) E. (Last) MURPHY

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-19-1920

9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store

11. BIRTHPLACE (State or foreign country): Virginia 43

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph W, Murphy - Deceased

14. MOTHER'S MAIDEN NAME: Alice Worthington - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 579-38-1010

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Gastro-intestinal Hemorrhage	24 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cirrhosis of liver	Unknown
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 7-17, 1953, to 9-2, 1953 and that death occurred at 7:40 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

E. P. BRANNON, M.D. Manager, V.A. Hospital, Perry Point, Md. 9-3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-3-53 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR: Sept 3 1953 — REGISTRAR'S SIGNATURE: Ida M Daugherty acting Regr.

24. FUNERAL DIRECTOR — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AUG 1

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) 3yrs8mos28days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural give location) RFD#1 Bonifant Road

3. NAME OF DECEASED: (Type or Print) (First) WHARTON (Middle) A. (Last) NICHOLS

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: August 13, 1891

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: Coal

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WHARTON ALBERT NICHOLS

14. MOTHER'S MAIDEN NAME: LOULA HARRISON

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: HOSPITAL RECORDS, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia, lobar, bilateral — Interval Between Onset And Death: 10 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Cerebral Hemorrhage, recent. 2. Brain atrophy w/hydrocephalus, moderate — 1 month over 1 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 9, 1949, to Sept. 6, 1953 ~~that I last saw the deceased~~ ~~[illegible]~~, and that death occurred at 4:50 AM, from the causes and on the date stated above.

SIGNATURE E. P. BRANNON M.D. (Degree or title) ADDRESS MANAGER, VA HOSPITAL, Perry Point, Md. DATE SIGNED 9-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL DATE THEREOF 9-6-53 NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEMETERY LOCATION (City, town, or county) Ft Myer, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR September 6, 1953 REGISTRAR'S SIGNATURE Irene E. Haughey

24. FUNERAL DIRECTOR James B. Bonifant ADDRESS Silver Spring

WARNER B. PUMPHREY FUNERAL HOME, Maryland

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BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH — COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WARWICK — LENGTH OF STAY (in this place): 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OLD BOHEMIA ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WARWICK
STREET ADDRESS (If rural, give location): OLD BOHEMIA ROAD

3. NAME OF DECEASED (Type or Print): (First) DELIA (Middle) K (Last) O'GRADY
4. DATE OF DEATH: (Month) SEPT (Day) 8 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JAN. 6 1884
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): IRELAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: JOHN KEEGAN
14. MOTHER'S MAIDEN NAME: MARY MANNING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: MICHAEL O'GRADY R.F.D. #2 MIDD. DEL.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

176X Immediate cause (a) GENERALIZED CARCINOMATOSIS — 3 YEARS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PRIMARY IN VULVA. GRADE III — 3 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950
19b. MAJOR FINDINGS OF OPERATION: CARPINOMA VULVA. (GRADE III)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1950, to SEPT 9, 1953, that I last saw the deceased alive on SEPT 9, 1953, and that death occurred at 4.25 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Allan R. Cruchley — ADDRESS: Middletown, Del — DATE SIGNED: 9-9-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: SEPT. 12, 1953 — NAME OF CEMETERY OR CREMATORY: OLD BOHEMIA — LOCATION (City, town, or county): WARWICK — (State): MARYLAND

DATE REC'D BY LOCAL REG.: Sept 9 - 1953 — REGISTRAR'S SIGNATURE: Mrs Harold W Cheyney — 24. FUNERAL DIRECTOR: E F Fellows — ADDRESS: Millington Md

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SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3 mo. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 317 S. Stokes

3. NAME OF DECEASED: (First) MELVIN (Middle) C. (Last) PERKINS

4. DATE OF DEATH: (Month) September (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-14-27

9. AGE last birthday: 25 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Aberdeen Proving Ground

11. BIRTHPLACE (State or foreign country): Cokesbury, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Perkins - Deceased

14. MOTHER'S MAIDEN NAME: Lillian Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Pulmonary Edema	24 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Shock	24 hrs
	DUE TO (c) Insulin Shock	24 hrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Schizophrenia	Over 1 yr

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — INJURY OCCURED While at Work [ ] Not While At Work [ ] — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-7 ..., 1953, to 9-4 ..., 1953 and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon, M.D. — (Degree or title): Manager, V.A. Hospital — ADDRESS: Perry Point, Md. — DATE SIGNED: 9-4-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-5-53 — NAME OF CEMETERY OR CREMATORY: St James Cemetery — LOCATION (City, town, or county) (State): Havre de Grace, Maryland

DATE REC'D BY LOCAL REGISTRAR: Sept 4 1953 — REGISTRAR'S SIGNATURE: Lea M. Daugherty acty Reg.

24. FUNERAL DIRECTOR: Elmer E. Bullock — ADDRESS: BULLOCK FUNERAL HOME, Havre de Grace, Md.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 836

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural X
LENGTH OF STAY (in this place) 50 Yrs;
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Ellsworth (Last) Rea.
4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Jan. 16, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Agent
10b. KIND OF BUSINESS OR INDUSTRY: Insurance
11. BIRTHPLACE (State or foreign country): Rising Sun, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M. Rea.
14. MOTHER'S MAIDEN NAME: Eliza Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-14-2796
17. INFORMANT & ADDRESS: Mrs. Elmer Stump Perryville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
Immediate cause (a) Massive Coronary thrombosis
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 48 hrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 3, 1953, to 9-5, 1953, that I last saw the deceased alive on 9-4, 1953, and that death occurred at 12 30 PM, from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 9 1953
NAME OF CEMETERY OR CREMATORY Brookview Cem.
LOCATION (City, town, or county) Rising Sun, Md. (State) [illegible]
DATE REC'D BY LOCAL REGISTRAR Sept 8-23
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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Item 7 Film G 158 9/14/53 mnl

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (In this place) 30 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ga. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Valley Ga.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) C (Last) Rumph.
4. DATE OF DEATH (Month) 9 (Day) 14 (Year) 1953
5. SEX M
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1930
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Country
11. BIRTHPLACE (State or foreign country) Ga.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME No Inf.
14. MOTHER'S MAIDEN NAME Willie Bell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.3

Immediate cause (a) Brain abcess

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Purulent meningitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes X accident , suicide , homicide , undetermined .

SIGNATURE R C Dodson MD (Degree or title) DM E ADDRESS Rising Sun Md DATE SIGNED 9-15-53

FINAL CREMATION REMOVAL (Specify) Removal
DATE THEREOF Sept 18/53
NAME OF CEMETERY OR CREMATORY Fort Valley
LOCATION (City, town, or county) Fort Valley Ga. (State)

DATE REC'D BY LOCAL REG. Sept 15
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H W Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A13A

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SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 92

M

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 242 Hollingsworth Manor

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) FLORENCE I. SCHWEBEL

4. DATE OF DEATH: (Month) (Day) (Year) 9 - 26 - 1953

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 12, 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Ottawa Ill. 11
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James J Leason
14. MOTHER'S MAIDEN NAME: Ida E Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Wm R. Schwebel 242 Hol. Manor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral hemorrhage	4 days
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cerebral vascular accident	4 days
	DUE TO		
	(c)	Malignant hypertension, arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Previous C.V.A. four years ago 4 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:22, 1953, to 9:26, 1953, that I last saw the deceased alive on 9:26, 1953, and that death occurred at 7:20 A.m., from the causes and on the date stated above.

SIGNATURE Peter Stavrakis M.D. (DEGREE OR TITLE) ADDRESS 154 W. Main St. Elkton, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 29, 1953
NAME OF CEMETERY OR CREMATORY Conestoga Memorial Park
LOCATION (City, town, or county) (State) Lancaster Pa.

DATE REC'D BY LOCAL REG. Sept 26
REGISTRAR'S SIGNATURE J. W. Teazer
24. FUNERAL DIRECTOR H. Walter du Bose, Jr. ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 8-5

RECEIVED
SEP 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 1-57

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland M — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bainbridge X
STREET ADDRESS (If rural, give location) Building 927, Apartment 6

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (n) (Last) SEGO

4. DATE OF DEATH: (Month) 9 (Day) 6 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-2-53

9. AGE last birthday: 4 days yrs. — If under 1 year: Months — Days 4 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Bainbridge, Cecil

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Franklin SEGO

14. MOTHER'S MAIDEN NAME: Martha Mary MC GEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service): ----

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Father, ERNEST FRANKLIN SEGO, SAME AS ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY, #7750 — Interval between onset and death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ASPIRATION OF STOMACH CONTENTS 12 HRS. PRIOR TO DEATH

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Caesarian Section in mother at 35 weeks gestation; Diabetes mellitus in mother

19a. DATE OF OPERATION: ----

19b. MAJOR FINDINGS OF OPERATION: ----

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-2, 19 53, to 9-6, 19 53, that I last saw the deceased alive on 9-6, 19 53, and that death occurred at 0345 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D. B. Nicholson

D. B. NICHOLSON, LT MC USNR — BAINBRIDGE, MARYLAND — 9-8-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 9-8-53 — NAME OF CEMETERY OR CREMATORY: West Nottingham — LOCATION (City, town, or county) (State): Colora, Cecil Co., Md.

DATE REC'D BY LOCAL REG. 9-8-53 — REGISTRAR'S SIGNATURE: Dorothy B. Bramble

24. FUNERAL DIRECTOR — ADDRESS: Perkins Funeral Home

207-22-1253

Elkton, Md.

RECEIVED
SEP 10 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT, MARYLAND
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route # 1, Princess Anne
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R. (Last) SIMMS

4. DATE OF DEATH: (Month) September (Day) 2 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-18-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princess Anne, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Reace P. Simms

14. MOTHER'S MAIDEN NAME: Emma Bloodsworth

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH., Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Arteriosclerotic Heart Disease	Unkown
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis	Unknown
	DUE TO (c) Broncho-Pneumonia.	10 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 11, 1953, to Sept. 2, 1953, that death occurred at 3:35 AM, from the causes and on the date stated above.

SIGNATURE W. L. Graham (Degree or title) M. D. ADDRESS Officer of Day, Veterans Administration Hospital, Perry Point, Md. DATE SIGNED 9-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL DATE THEREOF 9-2-53 NAME OF CEMETERY OR CREMATORY Asbury LOCATION (City, town, or county) Princess Anne (State) Md

DATE REC'D BY LOCAL REGISTRAR Sept 2, 1953 REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg.

24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS R. MADISON MITCHELL, Havre De Grace, Md.

U. S.
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point X
LENGTH OF STAY (in this place) 3 mo. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural give location) 1354 Independence Ave., S.E.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) E. (Last) SMITH

4. DATE OF DEATH: (Month) September (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3-11-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Prince George County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Smith - Deceased

14. MOTHER'S MAIDEN NAME: Sophia Eads - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610 X

Immediate cause (a) Pulmonary Embolism — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Post-operative Thrombophlebitis — 2 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8-27-53

19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 6-2- ,19 53, to 9-8 , 19 53, and that death occurred at 5:35 p.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON (Degree or title) M.D. Manager, V.A. ADDRESS Hospital, Perry Point, Md. DATE SIGNED 9-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF 9-9-53

NAME OF CEMETERY OR CREMATORY Unknown

LOCATION (City, town, or county) (State) Unknown

DATE REC'D BY LOCAL REGISTRAR Sept 10, 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty acting Reg.

24. FUNERAL DIRECTOR Pennington & Son

ADDRESS PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
SEP 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Perry Point
LENGTH OF STAY (in this place): 14yr.9mo.29days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 4508 Dunland Road

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) W. (Last) TUCKER

4. DATE OF DEATH: (Month) September (Day) 6 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-27-93

9. AGE last birthday: 59 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Webb Pressman

10b. KIND OF BUSINESS OR INDUSTRY: Baltimore News Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Tucker - Deceased

14. MOTHER'S MAIDEN NAME: Mary Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset And Death: Approx. 2 yr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Coronary Artery Insufficiency, Arteriosclerotic — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 3 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 11-8, 1938, to 9-6, 1953 and that death occurred at 7:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Manager, V.A. Hospital, Perry Point, Md. 9-9-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 9-8-53 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 9, 1953 — REGISTRAR'S SIGNATURE: Ida M. Dougherty, acty Reg

24. FUNERAL DIRECTOR — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
SEP 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit X
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Main

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit X
STREET ADDRESS (If rural give location) North Main

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Ella (Last) Weir

4. DATE OF DEATH: (Month) Sept. (Day) 2, (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 7-30-1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired). Laundress
10b. KIND OF BUSINESS OR INDUSTRY: U S VA. Adm.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Moran
14. MOTHER'S MAIDEN NAME: Bridgett Logan

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs Robert Cather, Port Deposit, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) [illegible] Coronary Thrombosis — [illegible]

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chronic hypertension, hypertensive disease — 0 yrs

DUE TO (c) Angina — 2 yrs

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis hypertrophic — [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-2, 1951, to 9-2, 1953, that I last saw the deceased alive on 9-1, 1953, and that death occurred at [illegible] from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED 9-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9-5-1953
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Sept 4, 1953
REGISTRAR'S SIGNATURE Ida M Daugherty Actg. Reg.
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston | LENGTH OF STAY (In this place) 10 mids
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Philadelphia
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 241 Nedro Ave.

3. NAME OF DECEASED (Type or Print) (First) GRACE (Middle) D (Last) WILLS
4. DATE OF DEATH (Month) 9 (Day) 2 (Year) 1953
5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH Aug. 31, 1882
9. AGE last birthday 71 61 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Eugene Dunning
14. MOTHER'S MAIDEN NAME E. D. Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records Elkton Md ~~Drexel Hill, Pa.~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

42.1

Immediate cause (a) Acute Coronary &

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Oedema.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE R C Dodson (Degree or title) MD DME ADDRESS Rising Sun Md. DATE SIGNED 9-3-53

MATERIAL, CREMATION OR TOTAL (Specify) Burial | DATE THEREOF 9/8/53 | NAME OF CEMETERY OR CREMATORY Montrose | LOCATION (City, town, or county) Phila Pa. (State)

DATE REC'D BY LOCAL REG [illegible] | REGISTRAR'S SIGNATURE F K Frazer | 21. FUNERAL DIRECTOR H L Pippin & Son ADDRESS Elkton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earlville Rural
LENGTH OF STAY (in this place) Fresh.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lancaster R.W.2.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) MARTIN (Last) WIMER
4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH 12-5-1909
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder
10b. KIND OF BUSINESS OR INDUSTRY Patent Shop
11. BIRTHPLACE (State or foreign country) Lancaster Pa.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Harry Wimer
14. MOTHER'S MAIDEN NAME Rhinear
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) N.W.2.
16. SOCIAL SECURITY No. 196-10-3018
17. INFORMANT AND ADDRESS Georgia Rear Uhlig, Lancaster R.W.2 Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowned.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ a CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY River (CITY OR TOWN) Earlville (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 9 (Day) 5 (Year) 53 (Hours) 935 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Boat sank & overturned.

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE R. L. Hodson M.D. (Degree or title) DME ADDRESS Rising Sun Md. DATE SIGNED 9-5-53

MODE OF BURIAL, CREMATION MOVAL (Specify) Burial
DATE THEREOF Sept. 8, 1953
NAME OF CEMETERY OR CREMATORY Willow St. Mennonite Cem.
LOCATION (City, town, or county) Lancaster Co. (State) Pa

DATE REC'D BY LOCAL REG. 9/7/53
REGISTRAR'S SIGNATURE Mrs Harold W. Cheyney
24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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SEP 9
BUREAU V. S

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit Rural. LENGTH OF STAY (in this place) X 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Port Deposit, Rural X
STREET ADDRESS (If rural, give location) Supreme Court

3. NAME OF DECEASED (Type or Print) (First) Edgar (Middle) (Last) Witherspoon
4. DATE OF DEATH (Month) 9 (Day) 3 (Year) 1953
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-31-22
9. AGE last birthday 31 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pa Hosp Attendant
10b. KIND OF BUSINESS OR INDUSTRY Hosp attendant
11. BIRTHPLACE (State or foreign country) Chilahowie Va.
12. CITIZEN OF WHAT COUNTRY U S A.
13. FATHER'S NAME Edward Witherspoon
14. MOTHER'S MAIDEN NAME Rebecca J. Eller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war, or dates of service) WW II
16. SOCIAL SECURITY No. 231-18-0015
17. INFORMANT AND ADDRESS Record of Va Hosp. Perry Point Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

976X Immediate cause (a) Perforating Bullet wound 1 inch
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to right of left nipple
(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Port Deposit R D (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 9-3-53 9:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot self with 22 Rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide X, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson MD (Degree or title) D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 9-4-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal & Burial DATE THEREOF 9-5-53 NAME OF CEMETERY OR CREMATORY St Clair Creek LOCATION (City, town, or county) Chilhowie, Smith Co. (State) Va
DATE REC'D BY LOCAL REG. Sept 4, 1953 REGISTRAR'S SIGNATURE Ila M. Daugherty actg. Reg
24. FUNERAL DIRECTOR Lee A Patterson & Son ADDRESS Perryville, Md.

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SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08976

Reg. Dist. No. 96

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital 18

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Harf.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre de Grace 12-35-2
STREET ADDRESS (If rural give location) 461 Revolution Street

3. NAME OF DECEASED: (Type or Print) (First) LEONARD (Middle) (NMI) (Last) ZULLO

4. DATE OF DEATH: (Month) September (Day) 3 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-26-96

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Italy 56

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Modest Zullo - Deceased

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

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			Interval Between Onset And Death
Immediate cause	(a)	Pulmonary Edema	6 days
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Cardiac Hypertrophy with decompensation	6 days
	DUE TO (c)	Arteriosclerotic Heart Disease	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 8-30, 1953, to 9-3, 1953, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) Manager, ADDRESS V.A. Hospital, Perry Point, Md. DATE SIGNED 9-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 9-4-53 NAME OF CEMETERY OR CREMATORY Turnersville Methodist LOCATION (City, town, or county) (State) Turnersville, N.J.

DATE REC'D BY LOCAL REGISTRAR Sept 4 1953 REGISTRAR'S SIGNATURE Ida M Daugherty acty Reg

24. FUNERAL DIRECTOR Pennington & Son ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

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SEP 8 1953
BUREAU V. S.